



IPW

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/676,464
Filing Date	09/30/2003
First Named Inventor	Dharmendra Shantilal Modha et al.
Group Art Unit	2183
Examiner Name	Unknown
Attorney Docket Number	ARC920030011US1

Total Number of Pages in This Submission **11**

## ENCLOSURES (check all that apply)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|---|--|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark C. McCabe	Reg. No. 53,291
Signature		
Date	08/18/2004	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313 on: **08/18/2004**

Typed or printed name Cheryl G. Ruby

Signature

Date

**Aug 18, 2004**

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ ) 0.00

## Complete if Known

Application Number	10/676,464
Filing Date	09/30/2003
First Named Inventor	Dharmendra Shantilal Modha et al.
Examiner Name	Unknown
Group Art Unit	2183
Attorney Docket No.	ARC920030011US1

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 09-0441  
Deposit Account Name: IBM CORPORATION

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$ ) 0.00

### 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	18.00	0.00
Independent Claims	-3** =	84.00	0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 0.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 0.00

## SUBMITTED BY

Name (Print/Type)	Mark C. McCabe	Registration No. (Attorney/Agent)	53,291	Telephone	408-927-3380
Signature				Date	08/18/2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of : August 18, 2004  
D. S. Modha et al. : Group Art Unit: 2183  
Serial No.: 10/421,394 : Examiner: Unassigned  
Filed: September 30, 2003 : San Jose, California  
Title: STORAGE SYSTEM AND METHOD FOR DYNAMICALLY ALLOCATING  
CACHE SPACE AMONG DIFFERENT WORKLOAD CLASSES

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
U.S. Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Under the provisions of 37 CFR § 1.97 through §1.99 and pursuant to Applicants' duty of disclosure under 37 CFR §1.56, Applicants respectfully bring the following document(s) listed on the attached form PTO-1449 to the attention of the Examiner in charge of the above-identified application. A copy of the listed document is provided herewith.

This Information Disclosure Statement is being submitted before receiving a first Office Action on the merits for the above-identified patent application. (Accordingly, no fee is due.)

This submission does not constitute an admission that the cited reference(s) are relevant or material to the claims. The reference(s) are only cited as constituting related art of which Applicants are aware.

It is respectfully requested that the listed references be considered by the Examiner and formally made of record in this application.

The Director is hereby authorized to charge payment of any deficiency in the above fee(s) or to charge any additional fees required under 37 CFR § 1.16 or 1.17 or credit any overpayment to Deposit Account No. 09-0441. A duplicate copy of this authorization is attached for the Finance Branch.

Respectfully submitted,

D. S. Modha et al.

By 

Mark C. McCabe (#53,291)

Attorney for Applicants

Phone (408) 927-3380

MCM:cgr

Attachments



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Substitute for form 1449B/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>				<b>Application Number</b>	10/676,464
				<b>Filing Date</b>	September 30, 2003
				<b>First Named Inventor</b>	Dharmendra Shantilal Modha et al.
				<b>Group Art Unit</b>	2176
				<b>Examiner Name</b>	Unassigned
				<b>Attorney Docket Number</b>	ARC920030011US1
Sheet	1	of	1		

[illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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